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PTO/SB/62 (05-03)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 3058-1000-024
I hereby declare that: The residence, mailing address and citizenship of the inventor are stated below. I am authorized to act on behalf of the following assignee: <u>Aura Communications, Inc.</u> and the title of my position with said assignee is: <u>Chief Operating Officer</u> The entire use to the patent identified below is vested in said assignee.		
Inventor <u>Vincent Palermo</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>13 Stony Brook Road, Westford, MA 01886</u>		
Inventor <u>Patrick J. Cobler</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>26 Cherry Hollow Road, Nashua, NH 03062</u>		
<input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>5,982,764</u>	Date of Patent Issued <u>November 9, 1999</u>	
Title of Invention <u>Time-Multiplexed Short-Range Magnetic Communications</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Time-Multiplexed Short-Range Magnetic Communications</u> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>November 6, 2001</u> as reissue application number <u>09/1993,328</u> and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

(Page 1 of 2)

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public when it is filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including reviewing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number (Optional)
3058.1000-024

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

At least one error upon which reissue is based is described as follows:
 The broadening reissue application is filed in view of the error of not prosecuting method claims in the original application 08/841,502. Method claims 5-30 and 31-56 have been added. System claims 57-81 and 82-106 have also been added to correct the error of overly narrow system claims 1-4 of the original application.

(Attach additional sheets, if needed)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number

Correspondence Address: Direct all communications about the application to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)
Charles M. Marshall

Signature *Charles M. Marshall* Date July 21, 2003

Address of Assignee
 Aura Communications, Inc.
 187 Ballardvale Street, Wilmington, MA 01887

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Reissue application declaration by the assignee
305B.1000-024
page 1A

Neal R. Butler
144 School Street
Acton, MA 01720

Citizenship: USA